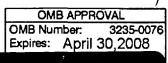


UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION





Name of Offering (check if this is an amendment and name has changed, and indicate change.)		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ ULOE	- POSINED COM
A. BASIC IDENTIFICATION DATA	¥.	0:1 9 1 20
1. Enter the information requested about the issuer	<i>. . . .</i>	2005
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)		
Patriot Biofuels, Inc.		TO SECTION
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone ?	Number (Including Area Code)
4001 North Rodney Parham Road, Suite 101, Little Rock, AR 72212	501-312-20	20
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone	Number (Including Area Code)
Brief Description of Business		9
		<i>(</i>),
Producer of biodiesel fuel made from agricultural products	***	
Type of Business Organization Corporation Imited partnership, already formed other (gradient partnership, to be formed	olease specify):	PROCESSED
Month Year		JAN 0 5 2006
	mated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	:: [₽]₹1	THOMSON FINANCIAL
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6),	17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.		
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any o	copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reported thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.		
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Admi r the exemption	inistrator in each state where sales a, a fee in the proper amount shall
ATTENTION —		
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.		

		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re-	quested for the fol	lowing:			
 Each promoter of the 	ne issuer, if the iss	uer has been organized w	ithin the past five years:		
 Each beneficial owr 	er having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	fa class of equity securities of the issuer.
 Each executive offi 	cer and director of	f corporate issuers and of	corporate general and mar	aging partners of	partnership issuers; and
 Each general and m 	anaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Browning, Andrew					
Full Name (Last name first, if	individual)				
2225 13th Street, N.W.,					
Business or Residence Addres	is (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Coulson, Michael B. Full Name (Last name first, if	Cindividual)				
,	•	2207			
4 E. Palisades Drive, Lit Business or Residence Addres					
Dasmess of Nesternot Madre,	o (Mainoti and	ones, only, oute, zip co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or
Danforth, Steve	_	_			Managing Partner
Full Name (Last name first, if	individual)				
2308 Smith Street, Stutt	gart, AR 7216	0			
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Fancher, Bryan I.					
Full Name (Last name first, if					
129 Wyeth Drive, Harve		Contraction Contraction			
Business or Residence Addres	is (Number and	Street, City, State, Zip Co	oge)		
Check Box(es) that Apply: Foltz, Tommy	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	(individual)				
111 Center Street, Suite		ock, AR 72201			
Business or Residence Address	s (Number and	Street, City, State, Zip Co	ode)	.,	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Gammill, Robert A.					Managing Partner
Full Name (Last name first, if	individual)				
6935 S. State, Highway					
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Lawhon II, J. Noal	· · · · · · · · · · · · · · · · · · ·				managing ratifici
Full Name (Last name first, if	individual)				
114 Illinois Bayou Drive					
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)		
	(Use hlar	nk sheet, or conv and use	additional copies of this si	heet, as necessary)	

	سترير سنتيل	A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	quested for the fol	Howing:			
Each promoter of the second seco	he issuer, if the is	suer has been organized w	ithin the past five years:		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	f a class of equity securities of the issuer.
Each executive off	icer and director o	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
Each general and i	nanaging partner o	of partnership issuers.			
Check Box(es) that Apply:	7 Promoter	Beneficial Owner	Executive Officer	Director	General and/or
McCastlain, Cal				_	Managing Partner
Full Name (Last name first, i	f individual)				
4001 Rodney Parham	Road, Suite 10	11. Little Rock, AR 72	212		
Business or Residence Addre					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	XX Director	General and/or
Shook, Michael D.					Managing Partner
Full Name (Last name first,	f individual)				
62 Northcutt Lane, Stu	ttgart, AR 7216	60			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Vincent, Richard F.					
Full Name (Last name first,		_			
207 Chimney Rock, Ho Business or Residence Addre			nda)		
Business of Residence Addie	ss (Number and	Street, City, State, Zip Ci	oue)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
				—	Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first,	f individual)	····			
1					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	·m · _ +· · · · · · · · · · · · · ·			<u></u>	
Full Name (Last name first,	f individual)				
Business or Residence Addre	es (Number and	Street City State 7in Co	vde)	<u> </u>	
Dusiliess of Residence Addit	33 (Number and	Street, City, State, Lip Ci	AC)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
,—————————————————————————————————————					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
		•			
	(lise hia	nk sheet or come and use	additional copies of this si	heet as necessary	<u> </u>

					B. 11	NFORMAT	ION ABOU	T OFFERI	NG :				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Yes	No [X]
	Answer also in Appendix, Column 2, if filing under ULOE.											_	ك
2.												\$ <u>75,000</u>	
	· · · · · · · · · · · · · · · · · · ·											Yes	No
3.											X		
4.	commis If a pers or states a broker	sion or sim on to be lis s, list the na r or dealer,	ion request ilar remune ited is an ass ame of the b you may so	ration for s sociated pe roker or de et forth the	solicitation erson or age ealer. If mo	of purchase int of a brok ore than five	ers in conne er or deale (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Ful	l Name (I	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	l Street, Ci	ity, State, Z	ip Code)	-	——————————————————————————————————————	······································			
Nai	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			<u> </u>			
	(Check	"All States	s" or check	individual	States)	•••••••	······	******************	•••••••		***************************************	☐ A!	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM TTE	NY	NC)	ND WA	OH WV	OK]	OR WY	PA
	RI	SC	SD	TN	TX	UT	VT	VA	(W A)	[₩ ٧]	WI	WI	PR
Ful	l Name (Last name	first, if indi	ividual)								-	
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	*************		*************			************		l States
		(Te)	[Ae]				ক্রিকা	िहा	[56]	(F)	[GA]		(TE)
	AL IL	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL ML	GA MN	MS	MO
	MT	NE	NV	NH	[N]	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	[XI]	UT	VT	VA	WA	$\overline{\mathbf{w}}$	WI	WY	PR
Ful	l Name (Last name	first, if indi	ividual)						 ,	<u> </u>		
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
			·										
Na	me of Ass	sociated Br	roker or De	aler									
Sta	tes in Wi	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	•••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••				☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE SC	NV SD	NH TN	TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate		Amount Already
	Type of Security	Offering Price		Sold
	Debt	5		\$
	Equity	1,150,000		<u>\$1,150,000</u>
	☐ Common 🔀 Preferred			
	Convertible Securities (including warrants)	5		S
	Partnership Interests	<u> </u>		\$
	Other (Specify)	S		\$
	Total	1,150,000		\$ 1,150,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	11		\$1,150,000
	Non-accredited Investors	-0-		\$ <u>-0-</u>
	Total (for filings under Rule 504 only)			S
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504		_	\$
	Total		_	\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			s
	Printing and Engraving Costs			\$
	Legal Fees	•••••		\$ 30,000
	Accounting Fees	•••••	X	\$ 5,000
	Engineering Fees	•••••		\$ 10,000
	Sales Commissions (specify finders' fees separately)		\Box	\$
	Other Expenses (identify) Travel and Miscellaneous		IXI	\$ 10,000
	Total		_	\$ 55,000

	C. OFFERING PRICE, NUM	MBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	and total expenses furnished in response to Part C -	ering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross		\$ 1,095,000
5.	each of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross art C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase, rental or leasing and installation of ma	-	J *	. 🎞 🗣
				s
	Construction or leasing of plant buildings and fa	acilities[s
	Acquisition of other businesses (including the viorifering that may be used in exchange for the as	sets or securities of another		
				_
			_	
	Other (specify):	[. 🗆 s
			s	. 🗆 s
	Column Totals	[\$ <u>17,500</u>	\$ <u>1,077,500</u>
	Total Payments Listed (column totals added)		□ \$ <u>1,</u>	095,000
		D. FEDERAL SIGNATURE	·	
sig	issuer has duly caused this notice to be signed by that the constitutes an undertaking by the issuer to fi	ne undersigned duly authorized person. If this notice urnish to the U.S. Securities and Exchange Commis ceredited investor pursuant to paragraph (b)(2) of F	is filed under Ru sion, upon writte	
lss	er (Print or Type)	Signature	Date	
Pa	triot Biofuels, Inc.	Tel. follow Film	December 🕰, :	2005
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	COFFERINGIA	ilce, number of investors, expenses and	USE OF PROCEEDS	
	and total expenses furnished in response to	regate offering price given in response to Part C — C o Part C — Question 4.a. This difference is the "adju	sted gross	<u>\$1,095,000</u>
	each of the purposes shown. If the am-	ed gross proceed to the issuer used or proposed to bount for any purpose is not known, furnish an est. The total of the payments listed must equal the adjustes to Part C — Question 4.b above.	imate and	
			Payments to	
			Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ <u>17,500</u>	🗆 \$
	Purchase of real estate			🗆 \$
	Purchase, rental or leasing and installar	tion of machinery		
		ngs and facilities		
		ling the value of securities involved in this	·······	_ U³
	offering that may be used in exchange	for the assets or securities of another		
	· ·			
	• •			
	Other (specify):			D\$
				_ 🗆 \$
	Column Totals		\$ <u>17,500</u>	
	Total Payments Listed (column totals a	added)	s_	1,095,000
		D. FEDERAL SIGNATURE		
sign	ature constitutes an undertaking by the i	gned by the undersigned duly authorized person. If ssuer to furnish to the U.S. Securities and Exchang ny non-accredited investor pursuant to paragraph	e Commission, upon writ	
Issu	er (Print or Type)	Signature	Date	
Pat	riot Biofuels, Inc.	Telfoh, A	December 🛂	, 2005_
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Nan	no or organic (crimi or 17po)			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	-Item 1)
AL		Х	Series A Convertible Preferred Stock	1	\$150,000	-0-			
AK									
AZ									
AR		Х	Series A Convertible Preferred Stock	7	\$650,000	-0-			
CA									
СО									
СТ									
DE									
DC		Х	Series A Convertible Preferred Stock	1	\$100,000	-0-			
FL			:						
GA									
ні									
ID									
IL									
IN				_					
IA									
KS									
KY				_					
LA									
ME									
MD	<u>.</u>			_					
MA				_					
МІ									
MN									
MS							i		

APPENDIX

<u> </u>					ENDIA				
1	,	2	3 Type of security		i di anti di anti	4			lification ate ULOE
	Intend	to sell	and aggregate						attach
		ccredited	offering price		Type of	finvestor and			ation of
		s in State -Item 1)	offered in state (Part C-Item 1)		amount pu	rchased in State C-Item 2)			granted) -Item 1)
	(1 at 1)	-11011117	(rance-nein r)	Number	(1411		-	(Tall E	-item ()
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
мо							-		
мт									
NE									
NV									
NH									
NJ									
NM									
NY									
NC				_					
ND					-				
ОН					\				
ОК									
OR									
PA									
RI									
SC									
SD									
TN		х	Series A Convertible Preferred Stock	1	\$100,000	- 0-			
TX		×	Series A Convertible Preferred Stock	1	\$150,000	-0-			
UT									
VT									
VA									
WA									
wv									
WI									

APPENDIX

				APP	ENDIX						
1		2	3			4			lification		
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)			amount purchased in State					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											